

# Regional Fraternity of Eastern Canada

## LOCAL FRATERNITY REPORT

*(Please use back of sheet if necessary)*

1) Name of Fraternity:
Meeting Place:
Meeting day and time:
Address and telephone number of our meeting place:
2) Name of the last Pastoral Visitor:
Date of last Pastoral Visit:
3) Date of last Chapter of Elections:
Name of Regional Visitor to last Chapter of Elections:
4) Date of last Fraternal Visit:
Name of last Fraternal Visitor:
5) Frequency of our regular fraternity meetings:
6) Frequency of our Council meetings:
7) Fraternity Apostolate(s):
8) Other gatherings of our fraternity & their frequency:

9) Fraternity Membership:
a) Number of members:
b) Usual number of our members who regularly attend our fraternity meetings:
c) Name(s) of any Member(s) deceased this year:
d) Name of Member(s) transferred this year:
10) Our last fraternity contribution to the expenses of the higher level fraternities was paid on:      Date: Amount was \$      Which represented \$      per member
11) The number of minutes during our regular fraternity meeting devoted to:
(a) prayer
(b) business
(c) ongoing formation
(d) social
(e) other
12) Name of program(s) used during:
(a) Initial Formation:
(b) Ongoing Formation:
13) Format of ongoing formation used at our regular fraternity meetings:
14) Number of persons presently in Formation:
Period of Inquiry:

Period of Candidacy:

15) Briefly describe how Observers, Inquirers, and Candidates are checked for signs of an authentic vocation to the Secular Franciscan Order prior to the next stage of formation.

16) Name of our Spiritual Assistant:

How long with this fraternity:

17) Role of our Spiritual Assistant at Council meetings:

18) Role of our Spiritual Assistant at regular fraternity meetings:

19) Strengths of the Fraternity as we see them:

20) Concerns or things that need to be worked on are:

**Submitted by:**

Name:

Address City:

Postal Code:

Telephone number:

E-mail:

Date: